

EXPORT DOCUMENT APPLICATION1. Product type (check only one): ☐ Seafood ☐ Food ☐ Pet food ☐ Drug ☐ Cosmetic ☐ Medical Device

2. California Manufacturer's Information (Required)

CDPH license/registration number

Manufacturer name

Doing Business As (DBA) name, if other than above and you wish this name to appear on the export certificate

Address (number, street)

City

State

CA

ZIP code

Contact person's name

Telephone number

()

FAX number

()

E-mail address

3. Exporting Distributor's Information (If applicable)

CDPH license/registration number

Distributor name

Address (number, street)

City

State

ZIP code

Contact person's name

Telephone number

()

FAX number

()

E-mail address

4. Issue certificate in the name of ☐ Manufacturer or ☐ Distributor

5. Products to be Shipped (Enter the specific names (must match label) of up to four products here or attach a separate list.)

Specific Product Name (as it appears on the label)	Common Name (i.e., rice cake, lipstick, or shampoo)	Manufacturer	Manufacturer License/Registration Number

Are separate certificates required for each product?

☐ No☐ Yes

Number of products: _____

☐ Additional products on next page☐ Consumer product (label required)☐ Bulk product (label required)6. Name of country(ies) where products are to be shipped (A separate certificate is required for each country. Enter up to four countries here or attach a separate list.) ☐ Additional countries list attached

Name of Country(ies)	Number of Certificates	Name of Country(ies)	Number of Certificates
(1)		(3)	
(2)		(4)	

7. Is this document to be notarized? ☐ No ☐ Yes (Include notary fees in check to Department of Public Health.)8. Ship via: ☐ U.S. mail ☐ Federal Express ☐ UPS ☐ Other (specify): _____

Return to (self-addressed, stamped envelope or shipping label required):

Firm name

Contact person's name

Address (number, street)

City

State

ZIP code

Telephone number

()

9. a. All fees are non-refundable and must be included with this request for certificates.

Certificates Requested This Application	Number of Certificates	X	Fee	=	Amount Enclosed	
Export		X	\$ 25.00	=		
Distributor		X	25.00	=		
Free Sale		X	25.00	=		
Manufacturer		X	15.00	=		
Notary Fees		X	10.00	=		
One-time fee paid? <input type="checkbox"/> Yes Date paid: _____ <input type="checkbox"/> No Enter "1" in box _____		X	101.71	=		

b. Any special wording or special handling of certificates (certificates in Spanish) require an \$80 fee plus the applicable certificate fee (Example: 5 Spanish Free Sale Certificates = \$80 + \$125 = \$205).

TOTAL included in this application

Signature

Title

Date

PLEASE DO NOT WRITE BELOW THIS LINE

Date received	Application number	Payment type	Amount	Reviewer	Date denied	Date approved
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INSTRUCTIONS

Effective July 1993, California law authorizes the California Department of Public Health (CDPH), Food and Drug Branch, to issue export documents upon request to California food, drug, medical device, and cosmetic firms wishing to export their products to other countries. Certificates are not required for export but are often required by the importing country. Documents are issued as follows:

Export Certificate or Certificate of Free Sale: Only for products manufactured in California facilities licensed, registered, permitted, or certified by the California Department of Public Health. The name of the manufacturer and products will appear on the certificate.

Distributor Certificate or Certificate of Free Sale: Only for products manufactured in California facilities licensed, registered, permitted, or certified by the California Department of Public Health. The name of the distributor and products will appear on the certificate.

Certificate of Manufacture: Only for firms licensed, registered, permitted, or certified by the California Department of Public Health. This document is not an export document that may be used to demonstrate license, registration, permit, or certification status within CDPH.

You must complete the application form, provide appropriate information, sign the form, and pay the necessary fee to obtain the export document. Following are instructions on completing this application:

1. Product type: Select only one of the product types. A separate application is required for each product type.

2. California Manufacturer's Information

Manufacturer name: This is the name of the product manufacturer whose name appears on a license, registration, permit, or certification issued by the California Department of Public Health. If desired, this name will appear on the export documents.

CDPH license/registration number.

Doing Business As (DBA): If you would like to have a doing business as (DBA) name on the export certificate, please indicate the name you wish to appear. If more than one DBA, a special handling fee of \$80 will be required.

Address: Address of the product manufacturer whose name appears on a license, registration, permit, or certification issued by the California Department of Public Health.

Contact person's name, telephone number, FAX number, and e-mail address.

3. Exporting Distributor's Information (if applicable)

Distributor name: This is the name of the party distributing the product. This name will appear on this distributor certificate. Please provide evidence that the particular lot of the product(s) was manufactured by the product manufacturer (e.g., a copy of invoice from the manufacturer).

CDPH license/registration number.

Address: Address of the party distributing the product. This address will appear on the distributor certificate.

Contact name and telephone number.

4. Issue certificate in the name of: Check either "Manufacturer" or "Distributor."

5. Products to be Shipped: **State the product name that exactly matches the name on the label.** This name will appear on any export or distributor certificate. **Also state common or usual name of the product.**

Product Labels

Food Products: An original label must be attached to this application for each product (photocopies are not acceptable). Typed or photocopied labels may be submitted with prior approval of the Department only if the labels are (1) printed or embossed directly on cans and bottles or (2) large labels (greater than 100 square inches in label size) printed directly on large boxes. Please do not send containers or actual products unless specifically requested by the California Department of Public Health. Each application submitted without labels or labeling must include a written justification for the absence of the labels.

Medical Device, Drug, and Cosmetic Products: Your current label and labeling must be on file with the California Department of Public Health. Please submit an original label and labeling for all products.

6. Name of country(ies) where products are to be shipped: (A separate certificate is required for each country. Enter up to four countries on form or attach a separate list.) Check box if additional list is attached.

7. Is this document to be notarized? If document is to be notarized, include notary fees in one check made payable to the Department of Public Health. Notary fee is \$10 per certificate.

8. Ship via: Provide carrier name and account number. Attach a self-addressed, stamped envelope or shipping label. Provide firm name and contact person's name, telephone number, and address.

9. a. All fees are non-refundable and must be included with this request for certificates. Provide requested information including the totals per sample below.

Certificates Requested This Application	Number of Certificates	X	Fee	=	Amount Enclosed	
Export	4	X	\$ 25.00	=	\$100.00	
Distributor		X	\$ 25.00	=		
Free Sale		X	\$ 25.00	=		
Manufacturer		X	\$ 15.00	=		
Notary Fee		X	\$ 10.00	=		
One-time fee paid? <input type="checkbox"/> Yes Date paid: _____ <input checked="" type="checkbox"/> No Enter "1" in box _____	1	X	\$101.71	=	101.71	
b. Any special wording or special handling of certificates (certificates in Spanish) require an \$80 fee plus the applicable certificate fee (Example: 5 Spanish Free Sale Certificates = \$80 + \$125 = \$205).						
TOTAL included in this application					201.71	

Please sign, date, and print title of signatory. Mail or ship the application with appropriate enclosed fee to:

Via mail: California Department of Public Health
Food and Drug Branch – Export Program
MS 7602
P.O. Box 997435
Sacramento, CA 95899-7435

Via Fed Ex, UPS, etc.: California Department of Public Health
Food and Drug Branch
Export Program
1500 Capitol Avenue, MS 7602
Sacramento, CA 95814

Seafood Application only:

FAX to: (916) 650-6650
(Follow up with mailed original and check.)

If you have any questions, please contact the Export Document Processor, Food and Drug Branch, at (916) 650-6519.